

Registered pharmacy inspection report

Pharmacy Name: Bishops Waltham Pharmacy, High Street, Bishops Waltham, SOUTHAMPTON, Hampshire, SO32 1AB

Pharmacy reference: 1031864

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a community pharmacy located within the centre of the town of Bishops Waltham in Hampshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). It supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines. And, the pharmacy provides medicines to care homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|--|-------------------|------------------------------|------------------|-----|
| 1. Governance | Standards met | N/A | N/A | N/A |
| 2. Staff | Standards met | N/A | N/A | N/A |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | N/A | N/A | N/A |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from their mistakes. They can protect the welfare of vulnerable people. And, the pharmacy keeps its records in accordance with the law. But, it is not always recording enough detail when internal mistakes are reviewed. This could mean that the team may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. They were reviewed in 2019. Staff had read and signed the SOPs, and their roles were defined within them. Team members, including staff in training, knew their responsibilities and the tasks that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge at the time.

The workflow involved prescriptions being processed in the main dispensary on the sole PC before they were passed to the RP. The latter checked prescriptions for accuracy in a designated area and this space was kept clear of clutter. Multi-compartment compliance aids were assembled in a separate dispensary that was located upstairs and this helped reduce errors from distractions. Staff routinely recorded their near misses and the RP reviewed them every month to identify trends or patterns. Details of this were then shared with the team. Staff described separating medicines involved in errors and segregating different forms such as tablets and capsules. However, there was very little information recorded about the review process to help show that this had taken place.

People were provided with information about the pharmacy's complaints procedure, as the pharmacy's practice leaflet was on display. Incidents were handled by the RP. His process was in line with the documented policy. There had been no incidents since the RP had worked at the pharmacy.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and could refer to relevant local contact details as well as policy information that was readily available. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), the team had read the SOP and some were trained through their previous employment. Staff were trained on the EU General Data Protection Regulation (GDPR). They separated confidential waste which was disposed of through an authorised carrier. Sensitive details on dispensed prescriptions could not be seen from the front counter and the pharmacy informed people about how it maintained their privacy. Summary Care Records were accessed for emergency supplies and written consent was obtained from people for this.

The pharmacy's records in the main, were maintained in line with statutory requirements. This included a sample of controlled drug (CD) registers seen, most of the RP record, private prescriptions, emergency supplies and records of unlicensed medicines. For CDs, balances were checked and documented regularly. On randomly selecting CDs held in the cabinet, the quantities held, matched balances within corresponding registers.

The team kept records of the minimum and maximum temperatures for the fridge every day and this demonstrated that appropriate storage of medicines occurred. Staff also maintained a full record of the receipt and destruction of CDs that were brought back by people for disposal. The pharmacy's professional indemnity insurance was arranged through Numark and this was due for renewal after 30 September 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. And, they are provided with training materials to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed 4,500 to 5,000 prescription items every month, with 40-50 people receiving their medicines inside compliance aids. Medicines were provided to two care homes with capacity for around 60 residents in total. In addition to the Essential services, the pharmacy provided MURs and the NMS. The RP explained that there were no specific targets other than an expectation to achieve 250 MURs for this year. This was described as manageable with no pressure applied to achieve services.

Staff at the inspection included the regular locum pharmacist and three trained dispensing assistants, one of whom was also in training for the medicines counter assistants course (MCA). This was through Buttercups. The delivery driver was also seen. In addition, there were two trainee MCAs and another trained dispensing assistant who was on maternity leave. The pharmacy was currently advertising to recruit another delivery driver. The team wore name badges. Their certificates of qualifications obtained were not seen.

One of the trainee members of staff completed course material at home, she was knowledgeable about the pharmacy's processes and asked appropriate questions before selling over-the-counter (OTC) medicines. Staff knew when to refer to the pharmacist and held a suitable amount of knowledge of OTC medicines. Team members had received a formal appraisal this year, they communicated verbally and were provided with some resources to keep their knowledge current. This included modules through Alphega (a pharmacy support organisation), they used trade publications, booklets from wholesalers, and resources from online providers such as NHS resources. One member of staff had created a training file with relevant information included from the latter as a reference source for various conditions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide an adequate space to deliver pharmacy services.

Inspector's evidence

The pharmacy was contained within a listed building. The ceiling was low in the retail space and this area was dim despite most of the lights being switched on. The retail space was of a medium size and consisted of almost two sections. The main dispensary was smaller and although there was only one work bench, there was still enough space to dispense prescriptions and store medicines. There was also a second dispensary used to assemble compliance aids and medicines for care homes. This was situated upstairs. The back door to the pharmacy and entrance to this area opened onto a car park at the rear of the premises. This was kept locked.

The front retail space was appropriately presented, and fans were being used to provide enough ventilation. The fixtures and fittings were dated but adequate and all areas seen were generally clean. Pharmacy (P) medicines were stored within unlocked Perspex units in the retail space, staff explained that they always intervened if people tried to help themselves to these medicines.

There was a signposted consultation room available to provide services and private conversations. This was located behind the front counter. The room was of an adequate size for this purpose, it was being used by staff at the inspection to process and label prescriptions. Confidential information was accessible through the PC which was not used by anyone else during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team is helpful and team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources and generally stores most of them appropriately. In general, the pharmacy provides its services safely and effectively. But, team members don't always identify, make relevant checks or record information when people receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided upon supply. And, they sometimes leave filled compliance aids unsealed overnight, which can add extra risk to the process.

Inspector's evidence

People could access the pharmacy's services from two entrances, the front door led onto the high street and the back door led to a public car park. However, there was a slight step at the front entrance and a step inside the retail area from the back door. Staff explained that they assisted people with restricted mobility at the door, as soon as they saw them, or people telephoned them to inform them that they required assistance. They used written communication for people who were partially deaf or provided physical assistance to anyone who was visually impaired.

There were two seats available for people waiting for prescriptions and a range of leaflets on display to provide information about services. In addition, team members could signpost people to other local services from their own knowledge of the area, they used online resources as well as documented information that was present. Staff described implementing a whiteboard in one of the windows where information about national campaigns were displayed or local details highlighted.

Compliance aids:

The initial setup for compliance aids involved the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details on the pharmacy system. All medicines were de-blistered into the aids with none left within their outer packaging. Patient Information Leaflets (PILs) were supplied routinely. Descriptions of medicines within the aids were routinely provided. Mid-cycle changes involved retrieving the aids and supplying new ones. Compliance aids were sometimes left unsealed overnight.

Care homes:

Medicines were provided to the home inside compliance aids and the racking system used. The care homes were responsible for requesting repeat prescriptions and monitoring missing items or changes. The team obtained information about allergies and recorded this on the medication administration record (MAR). PILs were routinely supplied. Interim or mid-cycle items were dispensed at the pharmacy. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. Documented details were maintained. A three-way conversation and agreement were required between the pharmacy, care home or representative(s) and the person's GP. Pharmacists used relevant guidelines and resources to assess the suitability of this.

Delivery service:

The pharmacy provided a delivery service and audit trails to demonstrate this service were

maintained. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines. There was a risk of access to confidential information from the way people's details were laid out on the driver's sheet. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were only left unattended after prior consent had been obtained. The RP confirmed that relevant risks were checked such as whether pets or children were present.

The pharmacy operated a repeat management system where they ordered prescriptions for people on their behalf. Staff described checking which medicines would be required for the following month when they handed out dispensed medicines, and if people did not tick all of their regular medicines, this would be flagged to the RP.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify staff involved. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored alphabetically within a retrieval system. Stickers identified fridge items and CDs (Schedules 2-4). Uncollected prescriptions were removed every two months. Dispensed fridge items were stored within clear bags, this assisted in identifying the contents upon hand-out.

Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. According to the RP, no females at risk were identified as having been supplied this medicine. People prescribed higher-risk medicines were not routinely identified, counselled and relevant parameters routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin. There were no details documented to verify this.

Licensed wholesalers such as AAH, Lexon, Alliance Healthcare and Phoenix were used to obtain medicines and medical devices. Ethigen Specials were used to obtain unlicensed medicines. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), relevant equipment and guidance information for the team was present and the pharmacy was complying with the process.

Medicines were generally stored in an organised manner. The team used a date-checking schedule to demonstrate when this process took place, medicines were date-checked for expiry every few months and although the RP described date-checks being completed recently, the schedule had not been filled in to reflect this. The last documented date-check was from March 2019. Most short-dated medicines were identified using stickers. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, the team checked stock, acted as necessary and maintained an audit trail to verify this.

There were no date-expired medicines or mixed batches seen although some pre-assembled aspirin tablets were present inside containers with no labels to indicate the contents, batch number or expiry date. Ensuring staff routinely annotated medicines appropriately when they were stored outside of their original containers, was discussed with them at the time.

There were designated containers to store unwanted medicines that people had returned to the pharmacy for disposal. However, there were no separate containers for hazardous or cytotoxic medicines and no list seen to assist the team in identifying these medicines. People bringing back sharps for disposal, were referred to the local council. Returned CDs were brought to the attention of

the RP, details were entered into the CD returns register, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely.

Inspector's evidence

There were current reference sources present, a range of clean, crown stamped conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an operating medical fridge. Counting triangles required cleaning as tablet residue was seen on them which presented a risk of cross contamination. The dispensary sink used to reconstitute medicines could have been cleaner and was slightly stained. There was hot and cold running water available as well as hand wash. Computer terminals were positioned in a manner that prevented unauthorised access and there were cordless phones available to help keep telephone conversations private. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

What do the summary findings for each principle mean?

| Finding | Meaning |
|-----------------------|--|
| ✓ Excellent practice | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ Good practice | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services. |
| ✓ Standards met | The pharmacy meets all the standards. |
| Standards not all met | The pharmacy has not met one or more standards. |